

**EXHIBIT 2**

Commonwealth of Pennsylvania - Public School Employees Retirement System

PD Form 125  
Harrisburg, PA 17105-0001

## Physician's Medical Report

PERS-69A (04/96)

## Notice to Physician

Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment. A narrative report can be attached to this form for the following patient:

Patient's Name	Date of Birth	Social Security Number
Claudette De Leon	7/31/53	201-56-6669

## 1 History - Give complaints, past and present, dates of first and most recent examinations and frequency of visits

C/O of ↑ irritability, ↓ concentration, difficulty making decisions, apathy, ↑ feelings of helplessness, hopelessness, and a sense of emptiness. In addition, patient experienced nightmares and flashbacks related to past memories of her past traumatic events. Onset of her symptoms to the past 3-4 yrs. Due to a recent exacerbation of above Sx's patient had her first psychiatric adm. to Saint Vincent Hospital on 3/31/98. Being seeing Mrs. De Leon for out patient psychotherapy since 3/17/98 to the present.

## 2 Physical Findings - Please show all pertinent findings with dates.

Height	Weight

N/A



3 Laboratory and Special Studies - Give results of all pertinent studies including X-rays, ECG's, etc., with dates. When submitting ECG's, please attach a copy of the tracing or a detailed description.

N/A

4 Diagnoses

A Major Depression w/ psychotic features, recurrent (296.3x)  
Post-Traumatic Stress Disorders (309.81)

B.

C.

5 Treatment, Response, and Medication

Psychotherapy based on a cognitive/behavioral  
same work.

6 Evaluation - Please provide your evaluation as to the patient's ability to perform the duties required by his/her public school employment.

Prognosis is poor - she will not be able to return back to her public school job as at this time is too much stimulation & will trigger another depressive episode & inpatient hospitalization will follow.

7 Certification

Reporting Physician's Name

Luis Torres, ACSW, LCSW, MFT

Telephone Number

1800 605-0949

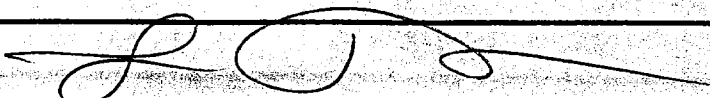
Address

225 West 25th St. Suite 307  
Lir P.A. 16502

Speciality

Psychotherapy.

Signature



Date

4/29/98

Individual & Family Psychotherapy  
225 West 25th St., Suite 307  
Medical Arts Building  
Erie, Pennsylvania 16502  
Evening & Weekend Appointments Available

## ENCOUNTER FORM

Acct #: \_\_\_\_\_ Birth Date:   1  /  1  /   Home Phone: (814) 754-2587  
Name: Claudette DeLeon McCracken Work Phone: ( )

Today's Diagnoses: Major Depression w/ Psychotic Features Ongoing Diagnoses: \_\_\_\_\_ Insurance Levels: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THERAPEUTIC CODES/PROCEDURES:

☒ 90844 Ind Psychotherapy: 50 Min. \_\_\_\_\_ Marital Psychotherapy: 50 Min.  
\_\_\_\_\_ 90843 Ind Psychotherapy: 20-30 Min. \_\_\_\_\_ Marital Psychotherapy: Time: \_\_\_\_\_  
\_\_\_\_\_ 90841 Ind Psychotherapy: Time: \_\_\_\_\_  
  
\_\_\_\_\_ 90847 Fam Psychotherapy: 50 Min.  
\_\_\_\_\_ 90847 Fam Psychotherapy: 90 Min.

## EVALUATIVE CODES/PROCEDURES:

\_\_\_\_\_ 90830 Psychological Testing/Evaluation: Time: \_\_\_\_\_  
\_\_\_\_\_ 90830 Neuropsychological Testing/Evaluation: Time: \_\_\_\_\_  
\_\_\_\_\_ 90830 Psychological Diagnostic Interview: Time: \_\_\_\_\_

## OTHER PROCEDURES:

\_\_\_\_\_ Canceled \_\_\_\_\_ No Show \_\_\_\_\_ Other: \_\_\_\_\_

PROVIDER: Luis Torres, LCSW, ACSW Lic # 007578-L

PROVIDER SIGNATURE: [Signature]

SEEN UNDER THE SUPERVISION OF: Stephen C. Mory, MD - Psychiatrist

NEXT APPT.: MO TU WE TH FR SA

6/3/98

AT: 2:30 AM/PM

CASH/CHECK# \$ 64

CHARGE \$ 85.00

PAID \$ 85.00

BALANCE \$ -0-

## COMMENTS:

- Stephen C. Mory MD